

POSITION	INITIALS	ID#O.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>		10	12/6/00
<b>FORMALITY REVIEW</b>		71622	4/1/01
<b>RESPONSE FORMALITY REVIEW</b>	M.D.	JCBST	05/18/01

**INDEX OF CLAIMS**

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	10/01/01
Original	03/03/01
1	V ✓
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24	✓
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Claim	Date
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Claim	Date
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LAST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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